

WEST VIRGINIA INSURANCE COMMISSIONER

P. O. Box 50541, Charleston WV 25305-0541

(304) 558-0610

AGENT REQUEST FORM

AGENT'S NAME: _____

WV LICENSE #: _____

The following is requested for the above named:

SOCIAL SEC. #: _____

1. LETTER OF CERTIFICATION -- \$5.00 per letter requested

A Letter of Certification is issued to an actively licensed resident agent who is applying for a non-resident license in another state.

Please issue certification of my WEST VIRGINIA Resident Agent's license as I am applying for non-resident licensing in another state. I am enclosing a self-addressed return envelope.

Letters requested _____ X \$5.00 = \$_____ Amount Due

Check # _____ Date of Check _____ (Check payable to: West Virginia Insurance Commissioner)

2. LETTER OF CLEARANCE* -- \$10.00 per letter requested

A Letter of Clearance is issued for a WV resident agent who is or has moved to another state and is applying for a resident license in their new home state.

The licensee is the only party authorized to request cancellation of his/her license. Current West Virginia license must be returned with this request.

I have moved from WEST VIRGINIA to the State of _____.

Please **CANCEL** my West Virginia license and forward a Letter of Clearance in the return envelope I have provided. I understand that the insurance companies I represent will be notified that my license is being canceled.

FEE \$10.00 --Check # _____ Check Date _____

New Address: _____

Check payable to: West Virginia Insurance Commissioner

3. DUPLICATE LICENSE CARD* -- \$5.00

____ I hereby certify that my license card has been lost, stolen, or destroyed.

____ I request a duplicate license card due to an address change and/or a name change.

Fee \$5.00 -- Check # _____ Check Date _____ (Check payable to: West Virginia Insurance Commissioner)

4. CHANGE OF ADDRESS

5. CHANGE OF NAME*

From: _____

From: _____

To: _____

To: _____

*Name change--include copy of documentation (i.e. Marriage Cert., Court Order, etc.)

NOTE: There is no charge for address change or name change unless you wish a new license printed. If a new license is requested, complete Item 3 and submit the proper fee.

Signature of Requestor*

Date

*Items 2, 3 and 5 REQUIRE the AGENT'S signature on this form.